CACFP FIELD TRIP REQUEST

Only meals served at the center are approved to be claimed. To claim meals away from the center (field trips) requests should be received in our office at least one week prior to field trip for approval.

To:	USOE/Child Nutrition Programs 250 East 500 South			CNP Fax #: <u>801-538-7883</u>			
	PO Box 144			Date:			
Sponsor/Institution Name:				Agreement #:			
Facility Name:				Fax #:()			
Contact Person:				Center Phone #:()			
Cen	ters are also re	_	t of service me		regulations relating to me ng CACFP requirements.		
1)	Field trip date	Time	a.m./p.r	n.; Location:	Me	val:	
2)	Field trip date		a.m./p.r		Me		
3)	Field trip date		a.m./p.r		Me		
4)	Field trip date		a.m./p.r		Me	eal:	
Men	nu: 1			Ages of children on field trip:			
Serving size		Components					
		Milk:					
		Meat/meat alternate:					
		Fruit/vegetable:					
		Fruit/vegetable:					
		Grains/breads:					
Men	nu: 2	•		Ages of child	dren on field trip <u>:</u>		
Menu: 2 Serving size		Components		Ages of criff	aren on neid trip.		
00.1	8 0.20	Milk:					
		Meat/meat alternate:					
		Fruit/vegetable:					
		Fruit/vegetable:					
		Grains/breads:					
		3.4					
Menu: 3				Ages of children on field trip:			
Serving size		Components					
		Milk:					
		Meat/meat alternate:					
		Fruit/vegetable:					
		Fruit/vegetable:					
		Grains/breads:					
Authorized Center Official			Date	Child Nutrition Pro	ograms Approving Signature	Date	
Authorized Sponsor Official			Date				

Revised 8/10